



CLAYTON COUNTY COMMUNITY DEVELOPMENT  
BUSINESS/OCCUPATIONAL TAX DIVISION  
2011 BUSINESS LICENSE RENEWAL APPLICATION

121 South McDonough Street, Annex 2; Jonesboro, Georgia 30236  
Office (770) 473-5415 – Fax (770) 473-5467 – [www.claytoncountyga.gov](http://www.claytoncountyga.gov)

**SUBMIT APPLICATION BY FEBRUARY 15<sup>TH</sup> TO PREVENT DELAY IN PROCESSING YOUR APPLICATIONS**

(1) DBA:	Business License No.	Tax Class	SIC Code
(2) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other		Business Telephone: ( )	
(3) Location:		Federal EIN:	
Mailing Address:		(4) Corporation Name:  Corporate Address:  Corporate Telephone: ( )	

**\*OWNER/MANAGER IS RESPONSIBLE FOR REPORTING ALL CHANGES TO YOUR BUSINESS\***

(6) <input type="checkbox"/> Renewal	Final: <input type="checkbox"/> SOLD <input type="checkbox"/> CLOSED	<input type="checkbox"/> Changes (Complete Line 9)
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**\*\*\*\*\*RENEWALS\*\*\*\*\***

**If you are renewing and there are no changes, please check the renewal box (line 6), fill in the prior year gross revenue and number of employees (line 7), sign and date the form (line 14) and return in enclosed envelope. Do not leave gross revenue or number of employees blank. If no gross revenue earned, then indicate \$0. Out of state businesses with no Georgia location must report Clayton County revenue only. Pursuant to Clayton County Ordinance Section 22-71, all businesses are subject to audit.**

(7) RENEWAL	A. Prior Year Actual Gross Revenue: \$ _____ (Ordinance Section 22-27)	A. Number of Employees: _____
	B. Current Year Estimated Gross Revenue: \$ _____ Annual prior year or (estimate total on partial year <b>Ord. Sec. 22-67</b> )	B. Number of Employees: _____

(8) FINAL/CLOSED, Enter actual Gross Revenue and Employees Here: Gross Revenue _____ Number of Employees: _____	Date Sold/Closed: _____
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(9) **CHANGES:** Please list any changes to business name, location, mailing address and telephone number.

PLEASE LIST PRINCIPAL OFFICERS/OWNERS OF BUSINESS				
(10) Name	Address	Title	Phone	SS# DL#/State
(11) Name	Address	Title	Phone	SS# DL#/State
(12) Name	Address	Title	Phone	SS# DL#/State

**(13) CERTIFICATION – The information herein is required by section 22-54 Clayton County Code of Ordinance.**

I (Name) \_\_\_\_\_ being the (Title) of the business firm named, do hereby register to operate said business that the applicant intends to conduct.

Type of business \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_

**(14)** According to the classification index of the business tax ordinance, Clayton County, Georgia; the undersigned certifies that he/she is the person duly authorized by the business herein named to file this registration and application for the business license, including the accompanying schedules and statements, and that the same are true. I understand, if issued, the business license may be revoked at any time should I fail to meet all the requirements of the Occupational Tax Ordinance of Clayton County, Georgia.

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FILE A COPY FOR YOUR RECORDS • COMPLETED RENEWALS CAN BE FAXED TO (770) 473-5467 OR (770) 473-5481**

Business Licenses are **NOT TRANSFERABLE** and must be finalized if business is sold or closed. If you finalize (close) your business in Clayton County, it is important to state the actual dollar volume in GEORGIA generated at the Clayton County business location. \*Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a forms IRS W-2 but not an IRS 1099.

#### NOTICE

ALL BUSINESSES ARE SUBJECT TO AUDIT BY THE DEPARTMENT OF FINANCE. BUSINESSES MUST ATTACH A COPY OF PRIOR YEAR APPLICABLE TAX RETURN, (IRS FORMS 1120, 1065, OR GEORGIA FORMS 500 THROUGH 700).

IT IS YOUR RESPONSIBILITY TO BE AWARE OF, AND TO COMPLY WITH RENEWAL PROCEDURES. BUSINESSES FILING AFTER FEBRUARY 15 WILL NOT RECEIVE A BUSINESS LICENSE BY MARCH 31<sup>ST</sup>. PLEASE CONTACT OUR CUSTOMER SERVICE AT (770) 473-5415 FOR ADDITIONAL DETAILS.

#### BUSINESS TAX CALCULATION WORKSHEET

Employee Rate	
Number of Employees	Rate
0-2	0 plus \$30.00 per employee in excess of 0
3-9	\$60.00 plus \$15.00 per employee in excess of 2
10-99	\$165.00 plus \$12.00 per employee in excess of 9
100-499	\$1,299.00 plus \$8.00 per employee in excess of 99
500 and over	\$5,459.00 plus \$7.00 per employee in excess of 499

Tax Rate				
Profitability Ratio	Class	Flat Rate \$0 - \$10,000	Tax Rate Per \$1000.00	Tax Rate Per \$1,000 (In excess of \$10,000,000)
0.84-2.84	1	\$50.00 plus	\$0.72	\$0.20
3.15-4.03	2	\$50.00 plus	0.77	0.21
4.12-5.29	3	\$50.00 plus	0.81	0.23
5.43-6.77	4	\$50.00 plus	0.86	0.24
7.14-13.48	5	\$50.00 plus	0.97	0.27
31.60-217.51	6	\$50.00 plus	1.27	0.35

#### PRIOR YEAR TAX ADJUSTMENT

REVENUE		EMPLOYEE	
	Column A		Column B
1. Revenue Base (Estimated reported prior year)	\$	Employee Base (Estimate for prior year)	
2. Less Actual Revenue for prior year	\$	Less Actual Employee for prior year	
3. Revenue Adjustment (+ or -)	\$	Employee Adjusted Base (Column B1-B2)	
4. Tax Adjustment* (+ or -)	\$	Employee Adjustment*	\$
*Tax adjustment = Revenue Adjustment (A3 divided by 1000 x Rate (see general tax info)		*Employee Adjustment (see Employee Rate chart above)	
5. Total Adjustment (Column A4 + B4)	\$		

#### CURRENT YEAR RENEWAL

	Column A
6. Estimate Revenue Base (Prior year actual Column A2)	\$
7. Less standard deduction of \$10,000	(\$10,000)
8. Subtotal	\$
9. Renewal Tax (A8 divided by 1000 x Rate)	\$
10. Flat Rate	\$50.00
11. Estimate Employee Rate (No. of Employees _____)	\$
12. Renewal license fee (Column A9 + A10 + A11)	\$
13. Annual Registration Fee	\$ 75.00
14. Total renewal fee (Column A12 + A13)	
TOTAL AMOUNT DUE (Column A5 + A14)	\$

This worksheet is an example of how your taxes are calculated. It does not have to be completed.

DO NOT REMIT PAYMENT UNTIL BILLED